A Shared Vision

for Massachusetts
Youth and Young Adults
2003:

Summary Data on Youth Development
in Relation to Key Strategic Goals

A joint project of
the Governor's Adolescent Health Council
and
Massachusetts Department of Public Health

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Introduction

OVERVIEW

A Shared Vision for Massachusetts Youth and Young Adults, 2003 describes our knowledge about the well-being of Massachusetts youth from a variety of different data sources, in the context of current expertise about youth development. *A Shared Vision* is a collaborative effort among two main partners: the Governor's Adolescent Health Council and the Department of Public Health. Support was provided by the Executive Office of Health and Human Services - Office of Youth Development. Many other key contributors offered guidance, assistance with data, and input into the report

Multiple state agencies that serve youth in diverse capacities have also contributed to the data presented in *A Shared Vision* (see *Appendix C: Acknowledgements*). While statutory, regulatory and fiscal limitations often impede collaboration among public agencies, there was broad agreement among participants that efforts to develop a comprehensive picture of youth status and to improve coordinated efforts at the programmatic level are necessary to effectively address challenges facing the Commonwealth's young people.

A Shared Vision uses the **Shared Vision for Massachusetts Youth and Young Adults** framework. This framework was jointly developed by representatives from the major state agencies concerned with the youth of Massachusetts,[1] with technical support from external state partners knowledgeable about youth and young adults.[2] The Youth Development Advisory Council, the Governor's Adolescent Health Council and the Department of Public Health have formally endorsed the framework and vision. (See *Technical Notes* for a fuller discussion of the history of *A Shared Vision.*) The framework offers a broad, affirmative vision for the Commonwealth's youth and includes five strategic goals that are fundamental to achieving this vision.

[1] Participants in the development of the *Shared Vision* framework included representatives of the Executive Office of Health and Human Services, the Executive Office of Public Safety, the Department of Education, the Department of Labor and Workforce Development, the Department of Public Health and the Department of Social Services.
[2] Technical support was provided by the Massachusetts Youth Development Advisory Council, the Massachusetts Governor's Adolescent Health Council, the Family and Youth Services Bureau and the National Governor's Association Youth Policy Network. Special thanks to America's Promise.

A SHARED VISION

FOR MASSACHUSETTS YOUTH AND YOUNG ADULTS:

All Massachusetts youth grow up to be healthy, caring and economically self-sufficient adults.

STRATEGIC GOALS

Goal 1: All youth have access to resources that promote optimal physical and mental health
Goal 2: All youth have nurturing relationships with adults and positive relationships with peers.
Goal 3: All youth have access to safe places for living, learning and working.
Goal 4: All youth have access to educational and economic opportunity.
Goal 5: All youth have access to structured activities and opportunity for community service and civic participation.

The five strategic goals of the Shared Vision framework are based on the most current national knowledge about youth development. *A Shared Vision* synthesizes the available data on youth and young adults in Massachusetts under these five strategic goals. Whenever possible, each goal has an accompanying set of indicators that are measured against national indicators of youth well-being. Unfortunately, much of these data focus on what is *wrong* with our youth and young adults. *A Shared Vision*, however, utilizes a holistic youth development framework that looks at the strengths and challenges in the lives of our young people.

The youth and young adults of Massachusetts represent the future of our Commonwealth. They are tomorrow's parents, leaders, workers, and citizens. To ensure that our young people grow up to be productive, well-educated, healthy adults, each of the five Shared Vision goals must be achieved. It is important to focus on all areas in youth and young adults' lives in order for them to become fully prepared adults.

Definitions

Youth: Youth in *A Shared Vision* are defined as ages 10-18. *Please note:* throughout the report, the term "youth" is sometimes used to indicate youth and young adults more broadly, such as the term "youth development."

Young Adults: Young adults in *A Shared Vision* are defined as ages 19-24.

Wherever possible we report data on both youth and young adults.

"Problem-free does not mean fully prepared" – Karen Pittman; Executive Director, The Forum for Youth Development, 1991.

SETTING THE STAGE: MASSACHUSETTS IN 2003

Massachusetts is one of the best states in the nation in which to raise, and to be, a youth or young adult. In several key indicators, youth and young adults in Massachusetts are healthier, more financially secure and better educated than their peers in many states. For example:

- The rate of youth that do not currently smoke, 74%, is one of the highest in the nation (MYRBS 2001).
- The teen birth rate is the fifth lowest in the nation, having declined 40% since 1991 (Massachusetts Department of Public Health, 2002).
- Seventy-three percent of high school students plan to continue their education beyond high school, up from 51% in 1980 (Massachusetts Department of Education, 2000).

These indicators of healthy development, and others presented later in *A Shared Vision*, demonstrate that the Commonwealth has invested wisely and productively in caring for its children and youth results.

However, not all youth have benefited equally. Disparities among communities, and particularly among racial and ethnic groups, point to the need for intensive initiatives to support adolescents who are at-risk on key indicators of healthy development.

- Three Massachusetts communities have teen birth rates that are well above the national average and over three times the state average (MDPH, 2002).
- Almost one-fifth of public school students in the class of 2003 have not yet achieved an adequate score on the Massachusetts Comprehensive Assessment System (MCAS) to allow them to earn a high school competency determination (MDOE, 2002). These academic failure rates are pronounced in urban areas and among minority populations.

These are only a few of the disparities that exist across Massachusetts communities and populations.

A SHARED VISION'S PURPOSE

1. To provide policymakers, community leaders, and the public with a comprehensive view of youth and young adults in the Commonwealth.

2. To identify areas where data are lacking and measures are needed to improve our understanding of Massachusetts youth and young adults. Asset-based[3] data are lacking. In the past, most data collected on youth and young adults has been deficit focused,[4] but this process is slowly changing to include positive elements in the lives of youth and young adults.

It is expected that *A Shared Vision* will be converted to an electronic version within the next two years through linking with the MassCARES E-Government initiatives. These initiatives are designed to improve consumer access to services, reduce duplication and improve information sharing across state agencies. It is also expected that the production of *A Shared Vision* will increase data collection on the positive assets of youth and young adults and that this data will be included in future reports. These efforts will then improve and build future iterations of *A Shared Vision*. *A Shared Vision* is not intended, in its current form, to be all-inclusive or "finished" but rather to be a work in progress.

[3] See Glossary for definition.
[4] Ibid.

THE YOUTH DEVELOPMENT APPROACH

A Shared Vision takes a comprehensive and holistic approach to the lives of youth and young adults that includes their physical and mental health, education and skills development, and civic participation. This approach is based on the process of youth development:

> *Youth Development is the ongoing process in which all young people are engaged and invested. Through youth development, young people attempt to meet their basic personal and social needs and to build competencies necessary for successful youth and adult life. It is an approach, framework, a way to think about young people that focuses on their capacities, strengths, and developmental needs and not on their weaknesses and problems. All young people have basic needs that are critical to survival and healthy development. They include a sense of safety and structure; belonging and membership; self-worth and an ability to contribute; independence and control over one's life; closeness and several good relationships; and competency and mastery. At the same time, to succeed as adults, all youth must acquire positive attitudes and appropriate behaviors and skills in five areas: health (personal/social); knowledge; reasoning and creativity; vocation; and citizenship. – Politz, 1996*

Please see the *Glossary* for more information on the Youth Development approach.

DATA USED IN *A SHARED VISION*

A Shared Vision seeks to set an agenda for collecting not only indicators of needs, but also more asset-based positive data about Massachusetts' youth and young adults. Therefore, issues in *A Shared Vision* are not included on the basis of data availability, but rather, on the importance of the indicator. Many times this means there is no national data to compare to Massachusetts. Further, there may not be Massachusetts data available at this time. It is hoped that the inclusion of certain questions in the report will advocate for improved indicators and further research efforts in the state.

A list of *Unmet Data Needs* can be found in *Appendix A*. This list identifies indicators for which data are not currently collected but which would enhance our understanding of the factors influencing youth development within the five strategic goals. Many of these indicators are assets, unlike much of the data presented in *A Shared Vision*, which focus on deficits. These indicators would provide a fuller picture of what it is like to be a youth or young adult in Massachusetts.

A Shared Vision includes the twenty-one critical objectives for adolescents from Healthy People 2010. These are important objectives to analyze within Massachusetts in order to see how the state compares nationally. Major data sources include the Massachusetts Youth Risk Behavior Survey (MYRBS) and the Massachusetts Behavioral Risk Factor Surveillance System (MBRFSS). Other data sources include Massachusetts Institute for Social and Economic Research (MISER); MassCHIP; the Annie E. Casey Foundation, and the U.S. Census. (See *Technical Notes* for more information about each data source.)

DATA LIMITATIONS

A Shared Vision fuses state of the art public health (Healthy People 2010, 21 critical objectives for adolescents) and public policy youth development (Shared Vision for Massachusetts Youth, 2003) models. While obtaining reliable data for the "traditional" health indicators is difficult, data are often non-existent for positive measures of youth and young adult health and well-being.

Some of the difficulties encountered in preparation of *A Shared Vision* included:

- Inconsistencies in age ranges from different data sources
- Lack of statewide data on young adults ages 18 to 24
- Lack of population-based data relevant to the youth and young adult age group
- Lack of population-based data relevant to youth and young adults with disabilities
- Differences in various communities on some measures
- Lack of well-defined and measurable mental health indicators for youth and young adults
- State level estimates not available for many measures
- Delays in data availability after collection
- The Youth Risk Behavior Surveillance System (YRBSS) does not include youth in private schools or out-of-school youth, who are often at high risk.

A Shared Vision includes the "best data available" in an ambitious attempt to provide as comprehensive a picture of youth and young adults in Massachusetts as possible.

A SHARED VISION IN RELATION TO OTHER EFFORTS

A Shared Vision is related to several other data collection and information systems in Massachusetts. See *Technical Notes* for more information.

Who are the Youth and Young Adults in Massachusetts?

DEMOGRAPHICS

- There were 1,251,263 youth and young adults ages 10 to 24 in Massachusetts in 2000, comprising 19.7% of the Commonwealth's population, slightly lower than the proportion of youth among the population nationally (Table O-1).

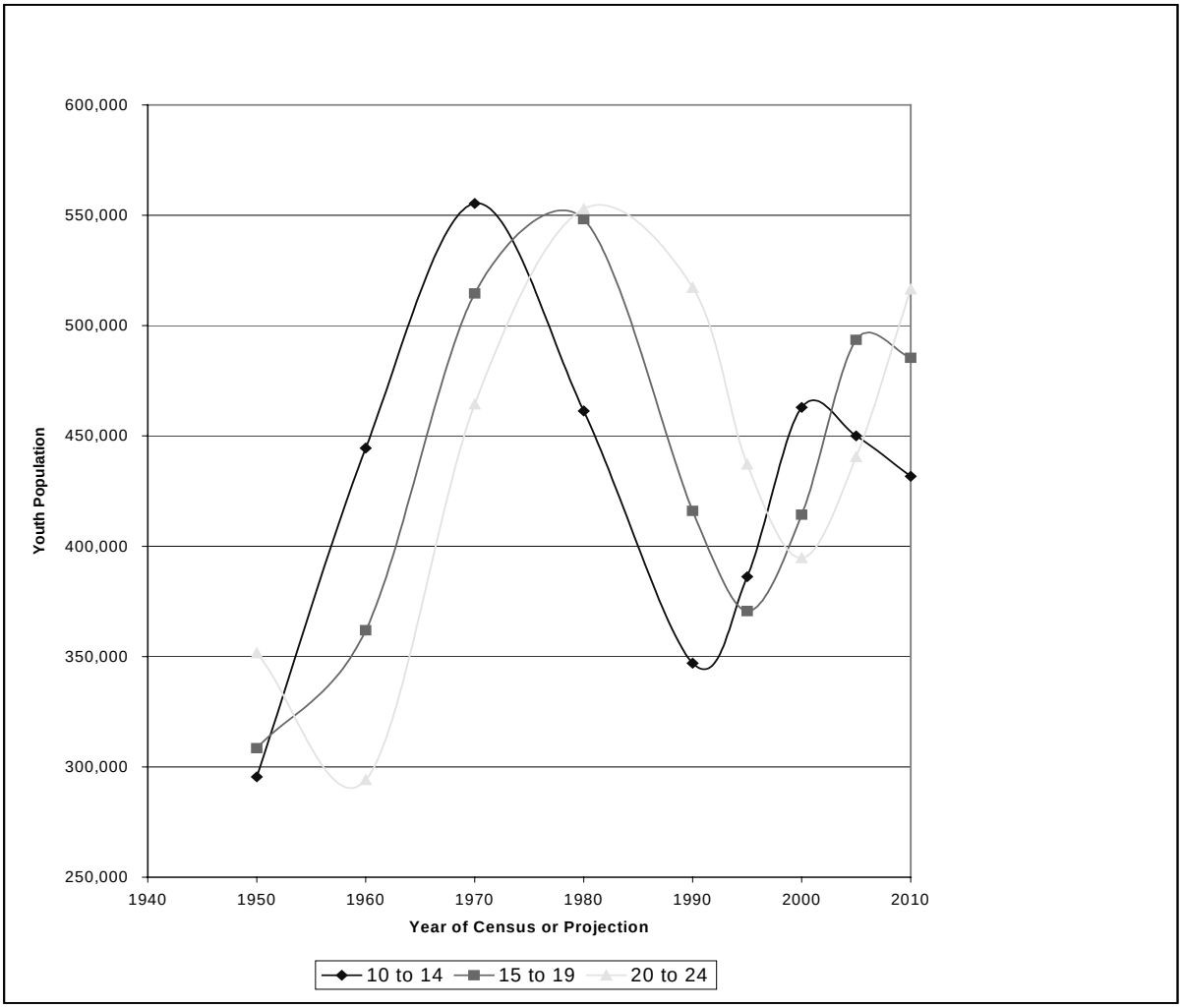
Table O-1. Youth and young adult population
Massachusetts and United States, 2000

Age Groups	Number of individuals Massachusetts	Percent of Total population, Massachusetts	Percent of total population, United States
10 to 14 year olds	431,247	6.8	7.3
15 to 19 year olds	415,737	6.5	7.2
20 to 24 year olds	404,279	6.4	6.7
Total - 10 to 24 year olds	1,251,263	19.7	21.2
Total – all ages	6,349,097	100.0	100.0

Source: US Census Bureau, *DP-1*, 2000

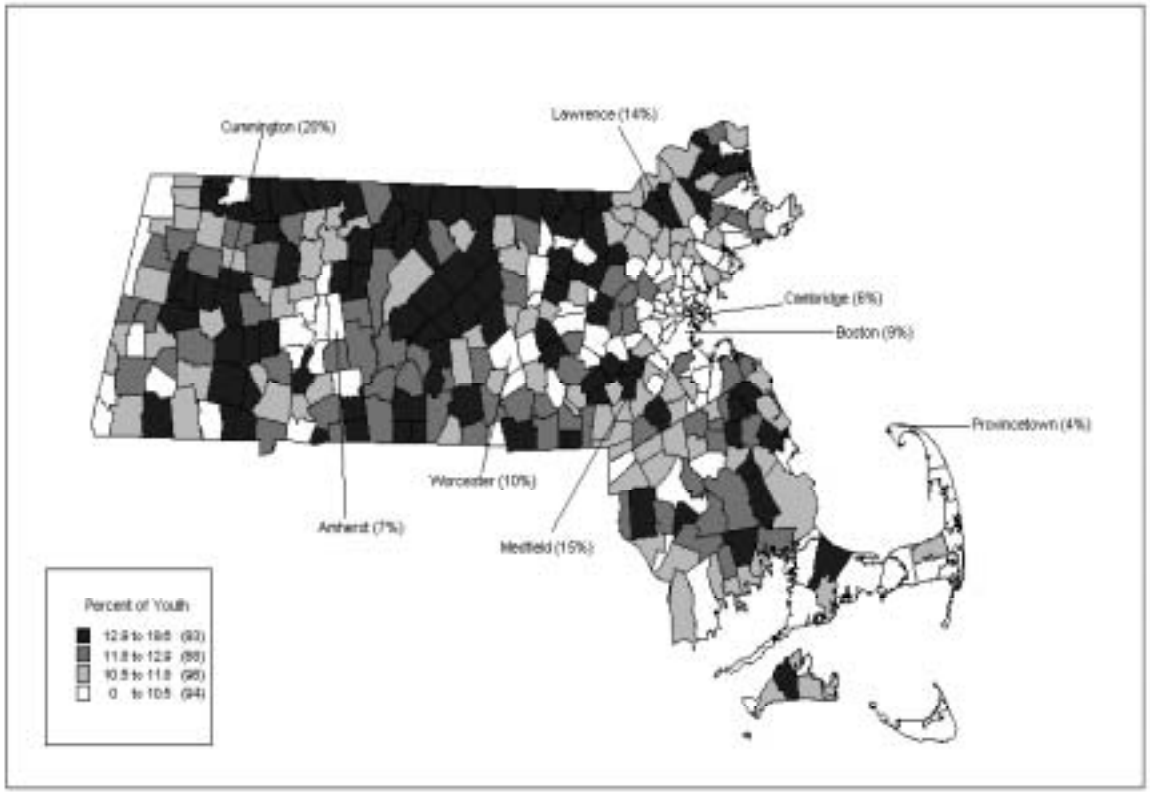
- There has been a dramatic increase in the number of youth and young adults since 1990 (Figure O-1). While the population of 10-14 year olds has peaked, the number of older youth will continue to increase through 2010.

Figure O-1. Youth and young adult population
Massachusetts, 1940-2010 (projected)
Source: MISER, 1999



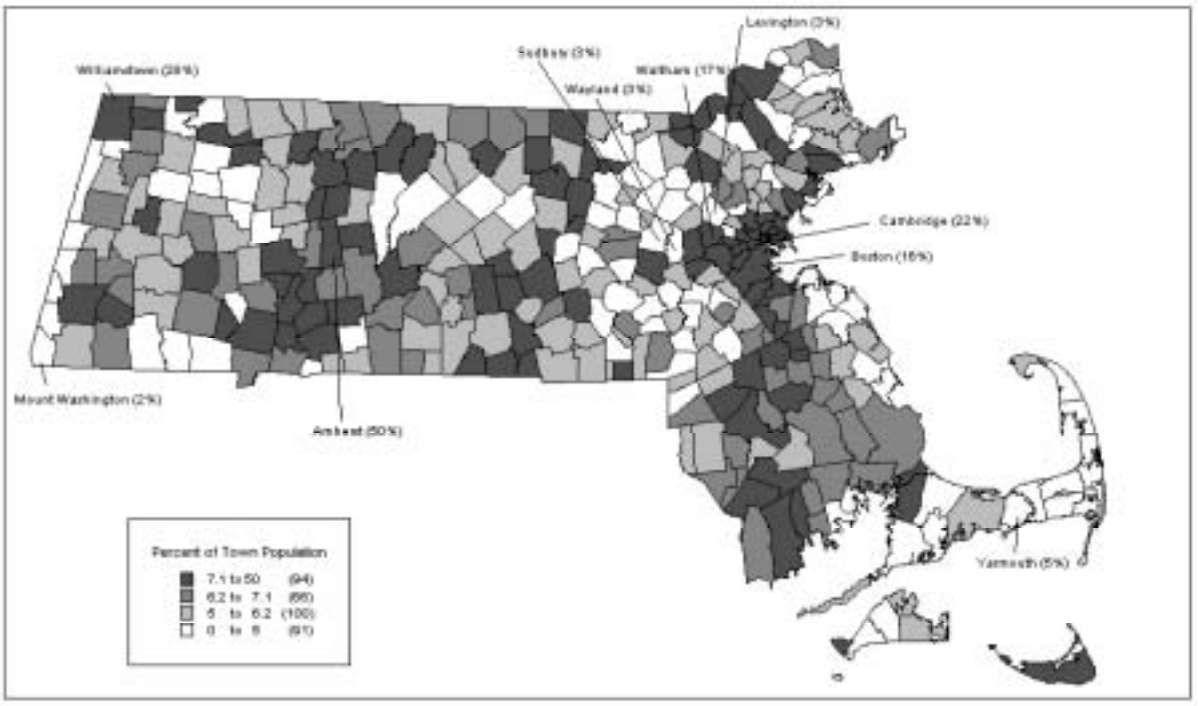
- The proportion of school age youth, ages 10-17, is 10.6%, but varies substantially in communities across the Commonwealth (Figure O-2).
- Among all communities, the town of Cummington (20%) and the city of Lawrence (14%) have the highest proportions of 10-17 year olds in Massachusetts.
- Communities, such as Provincetown (4%), Cambridge (6%), Amherst (7%), and Boston (9%), have relatively low concentrations of youth ages 10-17.

Figure O-2. Proportion of youth ages 10-17, by community
Massachusetts, 2000
Source: US Census Bureau, 2000



- The proportion of young adults, ages 18-24, across the Commonwealth is 9.1%, lower than that of school age youth.
- Some communities with universities have particularly high concentrations of young adults ages 18-24, including Amherst (50%), Cambridge (22%), and Waltham (17%) (Figure O-3).
- Several smaller communities such as Yarmouth (5%) and Mount Washington (2%) have very low concentrations of young adults.

Figure O-3. Proportion of young adults ages 18-24, by community
Massachusetts, 2000



Source: US Census Bureau, 2000

RACE / ETHNICITY AND DIVERSITY

Overall, the population growth in Massachusetts over the last decade has been largely due to the immigration of minority racial and ethnic populations. These populations reside primarily in urban areas.

- Massachusetts is an increasingly ethnically and racially diverse state, and youth population data indicate that this trend will continue. While the youth population is 75% white (Figure O-4), this percentage has been decreasing. In particular, there is greater racial and ethnic diversity in urban areas and the Hispanic population has increased in recent years. Table O-2 provides a more detailed breakdown of race/ethnicity by age groups.

Figure O-4. Race/ethnicity of youth and young adults ages 10-24
Massachusetts, 2000
Source: US Census Bureau, 2000

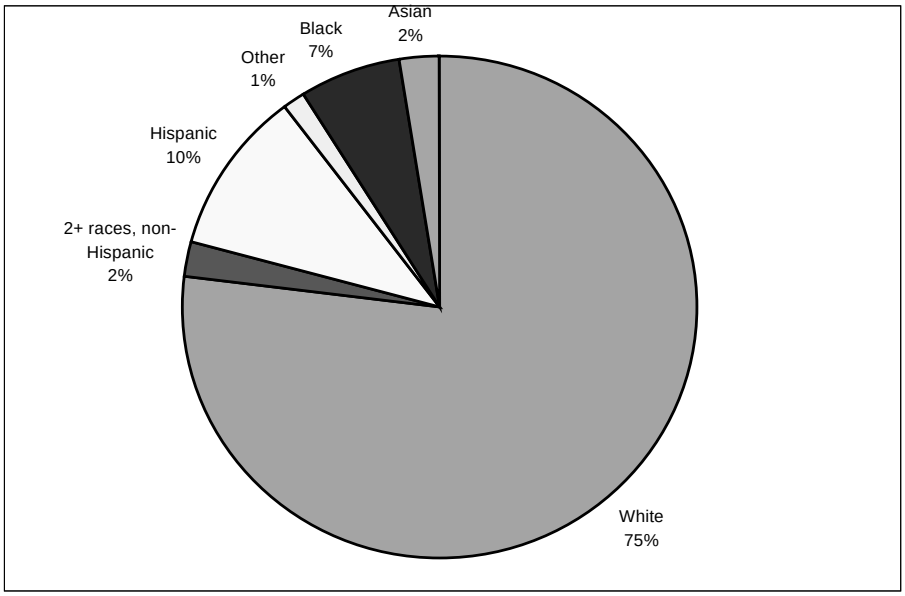


Table O-2. Race/ethnicity of youth and young adults, by age group
Massachusetts, 2000

	10-14	15-19	20-24	Total	Percent
White, non-Hispanic	329,238	313,198	295,632	938,068	75.0
Black, non-Hispanic	28,678	26,003	24,859	79,540	6.4
American Indian/Alaskan	903	881	835	2,619	0.2
Asian, non-Hispanic	15,599	19,403	24,580	59,582	4.8
Native Hawaiian/ Other Pacific Islander	116	155	211	482	<0.1
Other, non-Hispanic	3,596	5,457	5,608	14,661	1.2
Two or more races, Non-Hispanic	10,492	10,056	9,727	30,275	2.4
Hispanic, any race	42,625	40,584	42,827	126,036	10.1
Total	431,247	415,737	404,279	1,251,263	100.0

Source: US Census Bureau, 2000

SOCIOECONOMIC STATUS

Family socioeconomic status (SES), including income, education level, and number of parents in the home, is significantly correlated with indicators of child well-being. Massachusetts has one of the highest SES levels in the nation.

- In 1999, Massachusetts was the 6th best state in a composite ranking of child well-being, based on ten key indicators of child health, education, poverty and family demographics (Annie E. Casey Foundation, *Kids Count Data Book Online*, 2002).

Table O-3. Selected socioeconomic indicators
Massachusetts and United States, 2000

SES Indicator	Massachusetts 2000	United States 2000	Massachusetts, 1990
Median income of families with children	$61,530	$48,196	
Percent of children under age 18 in poverty*	12%	13%	16.6%
Percent of children under age 18 in extreme poverty*	5.8%	7.4%	
Percent of low income** children under age 18	26.4%	37.8%	
Percent of children without health insurance	8%	14%	
Percent of children in low-income** working families who lack health insurance	11%	24%	
Percent of children living in single parent families	22.8	23.3	20.9
Percent of children in low-income working families without a telephone at home	9%	9%	

* Income below 50% federal poverty level
** Income at or below 200% federal poverty level
Source: Annie E. Casey Foundation, 2002

- In 2000, there were approximately 25,000 heads of household under age 18 receiving Transitional Aid to Families with Dependent Children (Massachusetts Department of Transitional Assistance, 2002).
- In Massachusetts in 1998-2000, 38% of young adults ages 18-24 described themselves as having a household income below $25,000 per year, compared to 40.8% of young adults ages 18-24 with a disability (MBRFSS, 1998-2000).

Food Insecurity

Since 1995, the US Census Bureau has implemented the Standard Food Insecurity Survey (SFIS). The SFIS measures a family's ability to obtain nutritious food on a consistent basis over time. In this model, hunger is defined as the most severe form of food insecurity.

- Food insecurity affects approximately 10% of the U.S. population, meaning these residents have limited availability of nutritionally adequate and safe foods or limited ability to acquire acceptable foods in socially acceptable ways. In Massachusetts, the prevalence of food insecurity across all ages and communities is 6.8% (Project Bread, 2002).
- There are 161 middle and high schools across Massachusetts where more than 40% of the students qualify for the federal free lunch program. To qualify, students must live in households at or below 130% of the federal poverty level. This is likely to be an underestimate of the schools containing high proportions of low-income students because middle school and high school students are less likely to return applications for free meals than elementary school students due to stigma and social pressures (Project Bread, 2002).
- Chronic food insecurity can cause anxiety, negative feelings about self worth, and hostility toward the outside world. Youth who suffer from food insecurity are faced with a lack of access to food combined with other social pressures that impact how and what they eat. This may cause youth to develop eating patterns that lead to chronic health problems such as obesity, diabetes, and heart disease (Project Bread, 2002). (See *Goal 1: Obesity and Overweight* for further information on obesity.)

REFUGEE AND IMMIGRANT POPULATIONS

Massachusetts is home to many newcomers from around the world. In recent years, there have been significant numbers of immigrants and refugees from Brazil, Central America, Haiti, China (including Tibet), Cape Verde, Russia, Vietnam, Cambodia, Dominican Republic, Albania, Columbia, Korea, Ethiopia, Laos, Somalia, the Sudan, Bosnia, and Eritrea. Estimates of newcomer populations vary due to the inherently difficult issues in counting changing populations with language and cultural isolation.

- Thirteen percent of Massachusetts residents are foreign-born (Current Population Survey, March 2000).

LANGUAGE

- Thirteen percent of all Massachusetts students in grades kindergarten-12 have a primary language other than English (MDOE, *State Profile*, 2002). This percentage is expected to continue to rise, following demographic trends.
- Of students for whom English is not their primary language, they most frequently speak Spanish (51%), Portuguese (9.7%), Khmer (5.9%), Chinese (5.6%), and Vietnamese (4.7%).
- In 34 communities for more than 10% of students English is not their primary language and in five communities, the proportion is more than 40%. In three cities, (Holyoke, Chelsea, and Lawrence), for more than 50% of schoolchildren, Spanish is their primary language.

SEXUAL ORIENTATION AND GENDER IDENTITY

> *Sexual orientation is "one component of a person's identity, which is made up of many other components, such as culture, ethnicity, gender, and personality traits. Sexual orientation is an enduring emotional, romantic, sexual, or affectional attraction that a person feels toward another person. Sexual orientation falls along a continuum. In other words, someone does not have to be exclusively homosexual or heterosexual, but can feel varying degrees of attraction for both genders. Sexual orientation develops across a person's lifetime—different people realize at different points in their lives that they are heterosexual, gay, lesbian, or bisexual."*
>
> *…"Sexual behavior does not necessarily equate to sexual orientation. Many adolescents—as well as many adults—may identify themselves as homosexual or bisexual without having had any sexual experience. Other young people have had sexual experiences with a person of the same gender, but do not consider themselves to be gay, lesbian, or bisexual. This is particularly relevant during adolescence because it is a time for experimentation—a hallmark of this developmental period." - American Psychological Association, 2002*

In order to fully represent youth that identify as gay, lesbian, or bisexual, as well as those who do not consider themselves to be gay, lesbian, or bisexual but have experienced same-sex intimate behavior, *A Shared Vision* uses the term "sexual minority youth."

- In 2001, 5% of high school students either identified themselves as gay, lesbian, or bisexual, and/or reported some same sex behavior. Three percent described themselves as gay, lesbian, or bisexual and 4% reported same sex contact (MYRBS, 2001).

Information about sexual minority youth is reported throughout *A Shared Vision* where data are available. A general limitation is that data about youth that define themselves as transgender are not available. (See *Technical Notes* for further discussion.)

DISABILITIES AND SPECIAL HEALTH CARE NEEDS

Children with special health care needs (CSHCN) are those "who have or are at increased risk for a chronic, physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (Van Dyck, 2002). Historically, there has not been a source of data that is inclusive of all children and youth that meet these criteria for special health needs.

- In conjunction with the State and Local Area Integrated Telephone Survey (SLAITS), an ongoing population-based survey conducted by the Centers for Disease Control and Prevention, data have now been collected that will provide state and national prevalence estimates of CSHCN up to age 17. While state-level information is not yet available, initial national results indicate that prevalence of disability increases as children grow older (Van Dyck, 2002):
    - 0 - 5 year olds: 7-9%
    - 6 - 11 year olds: 14-19%
    - 12 - 17 year olds: 15-17%
- Twelve percent of non-institutionalized young adults ages 18-24 have a disability. Of these, 43% are male and 57% are female (MBRFSS, 1998-2000).

Information about youth with disabilities is reported throughout *A Shared Vision* where data are available.